



Arizona Department of Health Services
TEMPORARY HEARING AID DISPENSER
SPONSORSHIP AGREEMENT

SPONSOR INFORMATION:

Sponsor Name:		
Arizona License Number:	License Expiration Date:	
Business Name:		
Business Street Address:		
City:	State:	Zip Code:
Telephone Number: ()		

AGREEMENT

<p>I agree to train and supervise _____ under a sponsorship (Applicant's Name-Please Print)</p> <p>agreement. I agree to provide a minimum 64 hours per month of on-site training and supervision which includes coordinating, directing, watching, inspecting, and evaluating the applicant's fitting and dispensing activities. I will maintain a record signed by the applicant that details the date, time and content of the training I provided during this sponsorship. During this sponsorship period I will assume equal liability for the applicant's testing, fitting, and dispensing activities as required in A.R.S. § 36-1905. I hold a valid Arizona Hearing Aid Dispenser license and I understand that I cannot sponsor more than two people at one time. If necessary to terminate this sponsorship, I will comply with the provisions of A.A.C. R9-16-304(3).</p> <p>_____</p> <p>Sponsor's Signature Date</p>	
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**Mail Completed Temporary Hearing Aid Dispenser Sponsorship Agreement, Along With
A Completed License Application And All Required Documentation And Fees To:**

Arizona Department of Health Services
Office of Special Licensing
150 North 18th Avenue, Suite 460
Phoenix, AZ 85007